FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Aug 05 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000038938 (2)

WESTLAKE CONSTURCTION, INC.

Principal Place of Business Mailing Address 5701 BAY FOREST DRIVE 5701 BAY FOREST DRIVE PENSACOLA FL 32526 PENSACOLA FL 32526-2442 3a. Date of Last Report 3. Date Incorporated or Qualified 05/01/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59 - 338934L 8698 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Regulred 22 27 & State 6. Election Campaign Financing \$5.00 May Be ンらとへん Trust Fund Contribution 23 28 Added to Fees Country Country This corporation has liability for intangible tax under s. 199.032, 9. Name and Address of Current Registered Agent Yes No Florida Statutes 10. Name and Address of New Registered Agent 81 HIGDON, CHARLES R III **5701 BAY FOREST DRIVE** Street Address 82 PENSACOLA FL 32526 63 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Aneral's gnalure required when reinstaling) SIGNATURE d agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. (96/6)DELETE Charles R. Higdon, III A DELINE STOI BAY Forest Drive preside TITLE 1.1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 1.3 STREET ADDRESS Pensacola, FL. 32524 CITY-ST-ZIP 1.4 CHTY-ST-ZIP DELETE Addition TITLE 21.1016 Change NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP TITLE DELETE 3.1 TITLE ☐ Change ___ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-S1-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - ZIP □ DELFTE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DELETE TITLE Change Addition 6.1 TITLE NAME 6.2 NAME

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. a/2 /2 (0 m) 922 00.

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

STREET ADDRESS

CITY-ST-ZIP